Iowa Ethics and Campaign

Disclosure Board 510 E. 12th, Stc. 1A Des Moines, lowa 50319 Fax: 515-281-4073

File with:

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

elactronically,

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form

IA ETHICS AND

2011 DEC 21 AM 11: 14

COMMITTEE NAME (Must be same as on Statement of Organ	ization)			
KETTERING CAMPAIGN		FORM DR-2		
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Botton (11) Local Ballot Issue	State PAC (3)State Party ite (7)School Board or Other Politics	! ,	(Rev, 12/2009) For Office Use Or	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)			
Steve Kettering	Republican			······
Office Sought Senator	District (if Senate or House)		Audited	, , , , , , , , , , , , , , , , , , ,
Late reports are subject to possible civil and criminal penalties. Purscandidate's committee, and the chairperson, for any other type of confidence of the committee of confidence of the confid	uant to lowa Code sections 688,324 mmittee, is the individual responsible $712-657-3347$	s for filing	timely and accura	ndidate, for a life reports.
SIGNATURE OF PERSON FUNG REPORT	TELEPHONE	-	DATE S	IGNED
AM FILING A Extivity of 1/1/11 thru 12/31/11			I-ELECTION YE	AR.
(report date)	Indicate by	# [2]		
CHECK IF AMENDMENT TO REPORT DATED		Local Cor	mmittees, enter Da	te of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.		Local Committees ection is held	, enter County in
STATEMENT OF CASH ON HAND	· · · · · · · · · · · · · · · · · · ·			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is firs	sh on hand at the end	5	1,9	84.71
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)		15,5	25.00
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attack				
(Schedule H applies to Candidates' Commi				
	SUB-TOTAL	\$	17.50	09.71
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				•
Schedule B: Expenditures total (Attach Schedule B) (*	"also see dobts and loans below)		17.50	09.71
Schedule F: Loan Repayments total (Attach Schedule			<u></u>	
CASH ON HAND at the end of this reporting period (if final report				.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)				
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule				
COUTSTANDING LOANS (From Schedule F - Attach Schedule				
CONSULTANT BREAKDOWN (Schedule G Attached?)	F)	\$	VE0.	
CANDIDATE COMMITTEES ONLY:	. • • • • • • • • • • • • • • • • • • •			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	•	\$		
STATE COMMITTEES: Submit a reconciled campaign account	hank etatement in Innuani of Asa	hunne		

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

KETTERING CAMPAIGN

SECTION AND ADDRESS OF THE PARTY OF THE PART	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
]		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees,

1/06/11	DATE RECEIVED (MM/DD/YR)	(if AND	ID NUMBER applicable) PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/06/11	1/06/11	CK#	1158	2740 Douglas Ave		\$ 1600.00	
8/15/11	1/06/11	CK#	1559	2015 Fossil Creek Pky		400.00	
Solution Solution	8/15/11	ĊK#		P.O. Box 3058		500.00	
9/06/11	8/15/11	CK#	506	450 Anatole LN		500.00	
9/06/11	9/06/11	CK#		321 E. Walnut - Suite 310		1500.00	
9/13/11 CK# 2525 Community Bankers of Iowa 1603 22nd St., Suite 102 West Des Moines, IA 50266 9/13/11 6052 Independent Insurance Agents of IA 4000 Westown Parkway Ste 200 West Des Moines, IA 50266 9/13/11 CK# 6070 Iowa Lawpac 625 East Court Ave Des Moines, IA 50309-1904 9/13/11 CK# 6058 Iowa Chiropractic Society 100 East Grand Ave, Ste 240	9/06/11	CK#				300.00	х
9/13/11	9/13/11	CK#		1603 22nd St., Suite 102		1000.00	х
9/13/11	9/13/11	CK#		4000 Westown Parkway Ste 200		1000.00	×
9/13/11 6058 Iowa Chiropractic Society 100.00 x	9/13/11	CK#		Iowa Lawpac 625 East Court Ave		200.00	x
SUB-TOTAL	9/13/11			100 East Grand Ave, Ste 240		100.00	x

TOTAL (if last page of this schedule)

ip of any relative making a contribution to the

Page 1 of 4 (for Schedule A)

Disclosure law requires condidate committees to disclose the retationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
KETTERING CAMPAIGN

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETMICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE; ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/13/11	6277 CK# 1391	Sheet Metal Contractors of Iowa 1454 30th St., Ste 201 West Des Moines, IA 50266-1312		\$ 100.00	X
9/13/11	ID# 6096 CK# 2270	Manufactured Housing 1400 Dean Ave Des Moines, IA 50316-3938		250.00	X
9/13/11	ID# CK# 1494	Kellie Paschke 510 SE Rosenkranz Waukee, IA 50263-8254		100.00	х
9/13/11	ID# 6069 CK# 2803	Iowa Industry PAC 904 Walnut, Suite 190 Des Moines, IA 50309-3503		100.00	х
9/13/11	1D# 6056 CK# 4094	Bankers Unite in Legislative Decision 8800 NW 62nd Ave Johnston, IA 50131-6200	ns	1000.00	x
9/15/11	ID# CK# 4907	Steven Ackerson 1634 NW 131st St. Clive, IA 50325		250.00	×
9/15/11	ID# 6067 ск# 5370	Iowa Health PAC 1775 90th Street West Des Moines, IA 50266		1000.00	х
9/15/11	CK# 3844	Richard A. Allbee PO Box 436 Hampton, IA 50441		1000.00	Х
9/15/11	ск# 970	James Feauto 1833 N. Main Street Carroll. IA 51401		25.00	X
9/15/11	ID# CK# 3946	Mary Jane Venteicher 6323 Panorama Dr. Panora, IA 50216	SUB-TOTAL	100.00	Lx

TOTAL (if last page of this schedule)

Page 2 of 4 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Laboration

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funda)

COMMITTEE NAME (Must be same as on Statement of Organization) KETTERING CAMPAIGN

712-657-2108

A COLUMN	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/22/11	ID# 6118 CK# 5123	Iowa Optometric Association 6150 Villae View Dr. Ste. 105 West Des Moines, IA 50266		\$ 500-00	X
9/23/11	ID# 8426 CK# 12093	Altria Group, Inc. 101 Constitution Ave NW Washington, DC 20001		250.00	
9/26/11	1D# 6059 CK# 3682	Iowa Committee of Automotive Retail 1111 Office Park Rd West Des Moines, IA 50265	ers	100.00	X
9/27/11	ID# 6099 CK# 1126	Meredith Corporation 1716 Locust Street Des Moines, IA 50309-3023		200.00	X
10/06/11	1D# 6323 CK# 3424	Master Builders of Iowa 221 Park St. PO Box 695 Des Moines, IA 50306-0695		1000.00	х
10/06/11	iD# 6478 ck# 1302	Iowa Assoc. of Nurse Anesthetists 1156 Forest Street Carroll, IA 51401		250.00	
11/14/11	ID# 8140 CK# 9375	Pfizer PAC 235 East 42nd Street New York, NY 10017		150.00	
11/14/11	1D# 8438 CK# 4227	Medco Health PAC 2350 Kerner Blvd, Suite 250 San Rafael, CA 94901		250,00	
11/19/11	ID# 6058 CK# 4960	Iowa Chiropractic Society 100 East Grand Ave, Ste 240 Des Moines, IA 50309		250.00	
12/05/11	ID# 6063 CK# 2595	Iowa Dental Association 5530 West Pkwy Ste 100 Johnston, IA 50131-2291		1000.00	
<u> </u>			SUB-TOTAL	\$ 3950.00)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A)

TOTAL (if last page of this schedule)

John James

Hardwell of

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

Ī	COMMITTEE NAME	Must be same as	on Statement of Organization)	
	KETTERING	CAMPAIGN		

is search	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE; ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMQUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
12/6/11	9736 CK# 3346	Iowans for a Skilled Workforce 855 E Court Ave Des Moines, IA 50309		\$ 250.00	
12/10/11	ID# 6237 CK# 2336	ABATEPAC 3118 Eastern Ave. NE Cedar Rapids, IA 52402		300.00	
	ID# CK#				
	ID# CK#				
17	10# CK#				
	ID#				
	ID# CK#			***	
	ID#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	\$ 550.00	

Disclosure taw requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 4 (for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

	-
Resel Form	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE; FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE		
B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

KETTERING CAMPAIGN

	KEITEKI	NG CAMPAIGN		AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
10/01/11	ID# 699 CK# 1065	Senate Majority Fund 621 East 9th Street Des Moines, IA 50309	Political Donation	\$10,000.00
10/17/11	ID# 699 CK# 1066	Senate Majority Fund 621 East 9th Street Des Moines, IA 50309	Political Donation	5,000.00
11/16/11	ID# 699 CK# 1067	Don McDowell 120 SW 5th Street #407 Des Moines, IA 50309	Fund Raiser Expense: Printing, Stamps, Refreshments, Etc.	128.74
12/15/11	ID# 699 CK# 1068	Sac County Republican Par 3369 255th Street Sac City, IA 50583	ty Political Donation To Close Account	2,380.97
•	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID#			
<u>L</u>	<u> </u>		SUB-TO1	FAL \$17,509.71

TOTAL (if last page of this schedule)

509.71

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

Page	1	of_		
------	---	-----	--	--